

Fill in this information to identify your case:

Debtor 1 Shunlonda Johnson  
First Name Middle Name Last Name  
Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for the: Northern District of IL  
(State)  
Case number  
(If known)

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

JUL 27 2015

JEFFREY P. ALLSTEADT, CLERK  
PS REP. - KM

☐ Check if this is an amended filing

Official Form B 3A

Application for Individuals to Pay the Filing Fee in Installments

12/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: Specify Your Proposed Payment Timetable

1. Which chapter of the Bankruptcy Code are you choosing to file under?

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

2. You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to pay them. Be sure all dates are business days. Then add the payments you propose to pay.

You must propose to pay the entire fee no later than 120 days after you file this bankruptcy case. If the court approves your application, the court will set your final payment timetable.

You propose to pay...

\$ 7.50

☐ With the filing of the petition

☒ On or before this date..... 08 26 2015  
MM / DD / YYYY

\$ 7.50

On or before this date..... 09 25 2015  
MM / DD / YYYY

\$ 7.50

On or before this date..... 10 25 2015  
MM / DD / YYYY

+ \$ 7.50

On or before this date..... 11 24 2015  
MM / DD / YYYY

Total

\$ 310.00

◀ Your total must equal the entire fee for the chapter you checked in line 1.

Part 2: Sign Below

By signing here, you state that you are unable to pay the full filing fee at once, that you want to pay the fee in installments, and that you understand that:

- ☒ You must pay your entire filing fee before you make any more payments or transfer any more property to an attorney, bankruptcy petition preparer, or anyone else for services in connection with your bankruptcy case.
- ☒ You must pay the entire fee no later than 120 days after you first file for bankruptcy, unless the court later extends your deadline. Your debts will not be discharged until your entire fee is paid.
- ☒ If you do not make any payment when it is due, your bankruptcy case may be dismissed, and your rights in other bankruptcy proceedings may be affected.

x [Signature] x  
Signature of Debtor 1

Signature of Debtor 2

x \_\_\_\_\_  
Your attorney's name and signature, if you used one

Date 07 27 2015  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Fill in this information to identify the case:			
Debtor 1	<u>Shunbode L Johnson</u>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Douthern</u>		District of <u>IL</u>
			(State)
Case number			
(If known)			
Chapter filing under:			
	<input type="checkbox"/> Chapter 7		
	<input type="checkbox"/> Chapter 11		
	<input type="checkbox"/> Chapter 12		
	<input checked="" type="checkbox"/> Chapter 13		

## Order Approving Payment of Filing Fee in Installments

After considering the *Application for Individuals to Pay the Filing Fee in Installments* (Official Form B 3A), the court orders that:

- [ ] The debtor(s) may pay the filing fee in installments on the terms proposed in the application.
- [ ] The debtor(s) must pay the filing fee according to the following terms:

<u>You must pay...</u>	<u>On or before this date...</u>
\$ _____	_____ Month / day / year
\$ _____	_____ Month / day / year
\$ _____	_____ Month / day / year
+ \$ _____	_____ Month / day / year
<b>Total</b>	
\$ _____	

Until the filing fee is paid in full, the debtor(s) must not make any additional payment or transfer any additional property to an attorney or to anyone else for services in connection with this case.

\_\_\_\_\_  
Month / day / year

**By the court:** \_\_\_\_\_  
United States Bankruptcy Judge